



COMMONWEALTH of VIRGINIA

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

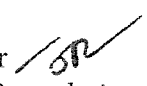
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MEMORANDUM

To: Community Services Board Executive Directors
Mental Retardation Directors
Child and Family Supervisors
Department of Social Services Local Directors
CPS Supervisors
CPS Workers
Local Part C Systems Managers

From: James S. Reinhard, M.D. Commissioner 
Department of Mental Health, Mental Retardation and Substance Abuse Services

Maurice A. Jones, Commissioner 
Department of Social Services

Date: January 11, 2005

Subject: *Part C Procedures for Child Abuse Prevention and Treatment Act (CAPTA) Referrals*

Amendments to the federal Child Abuse Prevention and Treatment Act (CAPTA) that were signed into law in 2003 require States to assure that the State has in place, among other things, provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act. The Virginia Departments of Social Services (DSS) and Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) have been working together for several months to develop effective policies and procedures for implementing this new CAPTA requirement.

In response to the CAPTA legislation, the Virginia Department of Social Services issued a requirement in July 2004 indicating that "when an investigation results in a disposition of founded on any child under the age of three or if a family assessment determines any child under the age of three to be in need of services to prevent risk of child abuse or neglect, that child shall be referred to the local Infant & Toddler Connection of Virginia (Part C Early Intervention System)." DMHMRSAS provided feedback to DSS that the requirement to refer children based on the family assessment posed a number of problems for the Part C system, including the following:

1. This policy would result in a significant increase in the number of referrals to local Part C systems;
2. Since the family assessment does not examine children's developmental status, there would be a significant increase in the number of referrals for which the local Part C system would have to complete a developmental screening in order to determine the need for evaluation and assessment;
3. There would be a significant cost impact on the Part C system, and existing funding in the Part C system is not adequate to support these additional costs;
4. Virginia's Part C system does not serve at-risk children; and
5. Virginia's Part C system does not provide services designed "to prevent risk of child abuse or neglect."

In response to the concerns of the Part C system, DSS has changed its policy (effective November 16, 2004) and no longer requires a referral for children in Family Assessments. In the November 16, 2004 Broadcast to local departments of social services, DSS reminds local CPS supervisors and workers that, even for children for whom there is not a founded disposition, referrals should still be made on any children under three who appear developmentally delayed or who have a physical or mental condition that has a high probability of resulting in delay.

DSS policy now states that, "If an investigation results in a disposition of founded on any child under age three, that child shall be referred to the local Infant & Toddler Connection of Virginia Part C Early Intervention System." When making a referral to the local Part C system through CAPTA, the local department of social services will also send a copy of the referral to the family and will inform the family verbally of the referral and provide an opportunity to discuss the referral process.

The Part C policies and procedures to be followed for referrals received through CAPTA are as follows:

POLICY

The State Lead Agency ensures that local policies, procedures and mechanisms are in place statewide to receive referrals through DSS, in accordance with federal and state CAPTA regulations, and to make an individualized determination about the child's need for evaluation and assessment under Part C.

(34 CFR 303.32 1(d) (1) and 303.322)

PROCEDURES

Local lead agencies have in place policies and procedures for referrals received through CAPTA of children who have experienced documented substantiated abuse or neglect. Local policies and procedures must include the following:

- a. The single point of entry determines what, if any, developmental screening has been completed by DSS and whether DSS has any developmental concerns about the child.
- b. The single point of entry determines whether there is a need for a surrogate parent to be assigned.
- c. A service coordinator is assigned.
- d. If the child has a diagnosed physical or mental condition that makes the child eligible under Virginia's Part C definition of eligibility, then no developmental screening is needed.
- e. If developmental screening has been conducted prior to referral and since the substantiated instance of abuse or neglect, then those prior screening results are used to determine the need for evaluation and assessment.
- f. If developmental screening has not been conducted prior to referral or was conducted prior to the allegation of abuse or neglect, then the local Part C system conducts a developmental screening to determine the need for evaluation and assessment.
- g. If the family decides not to receive an evaluation and assessment, then the service coordinator is responsible for ensuring that the family's signature is obtained on the *Declining Early Intervention Services* form and that the family receives a copy and explanation of the Notice of Child and Family Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System.
- h. With parent consent, the service coordinator contacts DSS to inform the CPS worker of whether or not the child will receive a Part C evaluation and assessment.

Local Part C system managers and local CPS program managers are strongly encouraged to meet to share information and discuss specific questions or issues that will facilitate an effective local CAPTA referral process and ongoing communication.

JSR/MAJ/rk

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